

PATENT APPLICATION FEE DETERMINATION RECORD
Effective October 1, 2001

Application or Docket Number

26422 / 20650

CLAIMS AS FILED - PART I

(Column 1) (Column 2)

TOTAL CLAIMS	20	
FOR	NUMBER FILED	NUMBER EXTRA
TOTAL CHARGEABLE CLAIMS	20 minus 20 = *	0
INDEPENDENT CLAIMS	3 minus 3 = *	0
MULTIPLE DEPENDENT CLAIM PRESENT	<input type="checkbox"/>	

* If the difference in column 1 is less than zero, enter "0" in column 2

CLAIMS AS AMENDED - PART II

(Column 1) (Column 2) (Column 3)

AMENDMENT A	CLAIMS REMAINING AFTER AMENDMENT		HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA
	Total	* 18	Minus	** 20
Independent	* 3	Minus	*** 3	= —
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM	<input type="checkbox"/>			

SMALL ENTITY
TYPE

RATE	FEES
BASIC FEE	370.00
X\$ 9=	—
X42=	—
+140=	—
TOTAL	370

OTHER THAN
OR SMALL ENTITY

RATE	FEES
BASIC FEE	740.00
X\$18=	—
X84=	—
+280=	—
TOTAL	740

OTHER THAN
SMALL ENTITY OR

AMENDMENT B	CLAIMS REMAINING AFTER AMENDMENT		HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA	ADDI- TIONAL FEE	RATE	ADDI- TIONAL FEE
	Total	* 18	Minus	** 20	= —	X\$ 9=	X\$18=
Independent	* 3	Minus	*** 3	= —	X42=	X84=	+280=
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM	<input type="checkbox"/>				+140=		
					TOTAL ADDIT. FEE	TOTAL	ADDITIONAL FEE

AMENDMENT B	CLAIMS REMAINING AFTER AMENDMENT		HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA
	Total	* 18	Minus	** 20
Independent	* 3	Minus	*** 3	= —
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM	<input type="checkbox"/>			

AMENDMENT C	CLAIMS REMAINING AFTER AMENDMENT		HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA	ADDI- TIONAL FEE	RATE	ADDI- TIONAL FEE
	Total	* 18	Minus	** 20	= —	X\$ 9=	X\$18=
Independent	* 3	Minus	*** 3	= —	X42=	X84=	+280=
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM	<input type="checkbox"/>				+140=		
					TOTAL ADDIT. FEE	TOTAL	ADDITIONAL FEE

(Column 1) (Column 2) (Column 3)

AMENDMENT C	CLAIMS REMAINING AFTER AMENDMENT		HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA
	Total	* 18	Minus	** 20
Independent	* 3	Minus	*** 3	= —
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM	<input type="checkbox"/>			

* If the entry in column 1 is less than the entry in column 2, write "0" in column 3.

** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20".

*** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3".

The "Highest Number Previously Paid For" (Total or Independent) is the highest number found in the appropriate box in column 1.